

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-35138
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

Name of Operator
Mid-Continent Energy Operating Company

Lease Name or Unit Agreement Name
Travis

Well No.
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Address of Operator
100 W. 5th Street, Suite 450, Tulsa, OK 74103-4287

Pool name or Wildcat
Teague Paddock Blinebry

Well Location
Unit Letter J : 1650 Feet From The South Line and 1330 Feet From The East Line
Section 21 Township 23 Range 37 NMPM Lea County

Elevation (Show whether DF, RKB, RT, GR, etc.)
3295' GR

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Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Add Paddock Pay ☒

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

12/08/00 POOH w/ rods, pump & tbq.

12/09/00 Set CIBP @ 5280'. Test to 3000# ok. Perf Paddock 5180'-5200' w/ 2 spf.

12/10/00 Acdz 5180'-5200' w/ 1000 gals 15% acid. Swab.

12/12/00 Frac 5180'-5200' w/ 59,000# 16/30 Ottawa + 15,000# 16/30 SLC + 6,500# 100 Mesh

12/16/00 Run production equipment. Return well to production.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [Signature] TITLE Oper Mgr DATE 1/22/01
TYPE OR PRINT NAME G M Canada TELEPHONE NO. (913) 587-6363
(This space for State Use)

APPROVED BY _____ TITLE _____ DATE JAN 21 2001

CONDITIONS OF APPROVAL, IF ANY: